



# EVIDENCE SUBMISSION FORM (ESF)

The Commonwealth of Massachusetts  
Department of State Police Forensic Services Group (FSG)  
Sudbury Evidence Unit: (508) 358-3155 Fax: (508) 358-3222  
Danvers Evidence Unit: (978) 538-6111 Fax: (978) 538-6112  
Lakeville Evidence Unit: (508) 946-1310 Fax: (508) 946-1041  
Springfield Evidence Unit: (413) 205-1837 Fax: (413) 205-1838

Place LIMS Barcode Label here or write assigned number below.

(Affix LIMS barcode label here.)

22-02184 - 3

MSPCL Case Number



|                                                                             |  |     |     |                                                                                     |                   |        |     |                                                                                                                                                                                               |      |
|-----------------------------------------------------------------------------|--|-----|-----|-------------------------------------------------------------------------------------|-------------------|--------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Type of Case: Fatal Hit and Run                                             |  |     |     | Date of incident: 01/29/2022                                                        |                   |        |     |                                                                                                                                                                                               |      |
| Investigating Agency: MSP Norfolk County Detective Unit                     |  |     |     | Investigating Agency Case #:                                                        |                   |        |     |                                                                                                                                                                                               |      |
| Incident Address: 34 Fairview Road                                          |  |     |     | Incident Town: Canton                                                               |                   |        |     |                                                                                                                                                                                               |      |
| Report to (Name): Trooper Michael D. Proctor #3863                          |  |     |     | Tel. #: 781-364-0165                                                                |                   | Email: |     |                                                                                                                                                                                               |      |
| Victim/Other's Name(s)                                                      |  | DOB | Sex | Race                                                                                | Suspect's Name(s) |        | DOB | Sex                                                                                                                                                                                           | Race |
| V O'Keefe, John                                                             |  | (c) | M   | W                                                                                   | Read, Karen       |        |     |                                                                                                                                                                                               |      |
|                                                                             |  |     |     |                                                                                     | SSN#              |        |     |                                                                                                                                                                                               |      |
| List item description and owner's name (or origin) of each item separately. |  |     |     | Recovery Location                                                                   |                   |        |     | Analysis Requested (e.g., Arson, Bio Testing, CJA, CSST, DEMS, DNA, FTS, GSR, Tox, Tox GCM, Alcohol, Toxic, etc.) (Specify Request (if not included, all requested as all physical evidence)) |      |
| 3-1 [Item] (Qty:1)                                                          |  |     |     | Passenger side taillight (MA (c))                                                   |                   |        |     | Trace, CRIM                                                                                                                                                                                   |      |
| 3-2 [Drinking Glass] (Qty:1)                                                |  |     |     | Broken drinking glass (34 Fairview Rd.)                                             |                   |        |     | CSST, CRIM                                                                                                                                                                                    |      |
| 3-3 [Trace Item] (Qty:1)                                                    |  |     |     | Apparent glass on rear bumper (MA (c))                                              |                   |        |     | Trace                                                                                                                                                                                         |      |
| 3-4 [Known Paint Standard(s)] (Qty:1)                                       |  |     |     | Known paint standard from damage area (C) on rear door (MA (c))                     |                   |        |     | Trace                                                                                                                                                                                         |      |
| 3-5 [Known Paint Standard(s)] (Qty:1)                                       |  |     |     | Known paint standard from damage area (D) on rear bumper (MA (c))                   |                   |        |     | Trace                                                                                                                                                                                         |      |
| 3-6 [Trace item] (Qty:1)                                                    |  |     |     | Apparent hair from exterior passenger side rear panel (MA (c))                      |                   |        |     | CRIM                                                                                                                                                                                          |      |
| 3-7 [Swab(s) from] (Qty:1)                                                  |  |     |     | Swabs from steering wheel (MA (c))                                                  |                   |        |     |                                                                                                                                                                                               |      |
| 3-8 [Swab(s) from] (Qty:1)                                                  |  |     |     | Swabs from gear shift (MA (c))                                                      |                   |        |     |                                                                                                                                                                                               |      |
| 3-9 [Swab(s) from] (Qty:1)                                                  |  |     |     | Swabs from driver's side exterior door handle (MA (c))                              |                   |        |     |                                                                                                                                                                                               |      |
| 3-10 [Swab(s) from] (Qty:1)                                                 |  |     |     | Swabs from passenger side exterior door handle (MA (c))                             |                   |        |     |                                                                                                                                                                                               |      |
| 3-11 [Swab(s) from] (Qty:1)                                                 |  |     |     | Swabs from driver's side interior door handle, pull, and controls (MA (c))          |                   |        |     |                                                                                                                                                                                               |      |
| 3-12 [Swab(s) from] (Qty:1)                                                 |  |     |     | Swabs from passenger side interior door handle, pull, and controls (MA (c))         |                   |        |     |                                                                                                                                                                                               |      |
| 3-13 [Swab(s) from] (Qty:1)                                                 |  |     |     | Swabs from frozen red-brown stains/ice in red cups (collected from 34 Fairview Rd.) |                   |        |     |                                                                                                                                                                                               |      |

The items reported to be in the packages were inventoried and documented above by a representative from the submitting agency. At the time of analysis, the assigned analyst/examiner will receipt the package and verify the inventory. In the event of a discrepancy between the actual inventory and that reported on this form, reconciliation shall be conducted in accordance with the Massachusetts State Police Crime Laboratory (MSPCL) Evidence Handling and Submission Manual. The undersigned submits this evidence on behalf of the investigating agency, who acknowledges that the MSPCL is responsible for conducting all tests according to standard procedures, and who authorizes the MSPCL to make all decisions regarding scientifically necessary deviations from said procedures. This may include sending an item(s) to another laboratory for analysis. All procedural deviations shall be documented in the Laboratory notes according to laboratory procedure but notice of each such deviation need not be given to the agency.

Maureen Hartnett  
Received By (Signature)

, acknowledge receipt of the item(s) above from Maureen Hartnett, Forensic Scientist II.

Printed or typed rank & name of Delivered By

02/01/2022  
Date

MSP Crime Laboratory  
Department / Agency (of Delivered By)

Maureen Hartnett  
Signature of Delivered By

IF THE STATUS OF THIS CASE CHANGES, PLEASE NOTIFY THE CASE MANAGEMENT UNIT AT 978-451-3440.